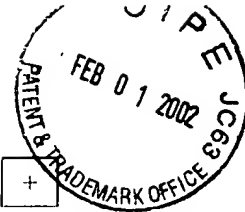


Please type n plus sign (+) inside this box →

+



PTO/SB-81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/786,494
Filing Date	March 5, 2001
First Named Inventor	Theodore William Reinhold
Group Art Unit	3725
Examiner Name	Not Yet Known
Attorney Docket Number	1883-00200

I hereby appoint:

- ☒ Practitioners at Customer Number  
OR  
☐ Practitioner(s) named below:

23505 →

Place Customer  
Number Bar Code  
Label Here

Name	Registration Number
David A. Rose	26,223
Gregory L. Maag	32,363
Michael F. Heim	32,702
Marcella D. Watkins	36,962

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the corresponding address for the above-identified application to:

- ☐
- The above-mentioned Customer Number.

OR

Firm or	Conley, Rose & Tayon, P.C.				
<input checked="" type="checkbox"/> Individual Name	Marcella D. Watkins				
Address	P. O. Box 3267				
Address					
City	Houston	State	Texas	Zip	77253-3267
County	Harris				
Telephone	713/238-8000	Fax	713-238-8008		

I am the:

- ☐ Applicant/inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	THEODORE WILLIAM REINHOLD
Signature	<i>[Signature]</i>
Date	3-12-2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

- ☒
- Total of
- 1
- forms are submitted.

Please type a plus sign (+) inside this box →

+

PTO/SB/021 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/786,494
		Filing Date	March 5, 2001
		First Named Inventor	Theodore W. Reinhold
		Group Art Unit	1846
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	1883-00200

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 U.S.C. 371	<input type="checkbox"/> Assignment <i>(for an application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  Postcard
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Marcella D. Watkins Conley Rose & Tayon, P.C.
Signature	
Date	Jan 9, 2002

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: Jan 9, 2002	
Typed or Printed Name	Dora Lee Robertson
Signature	Date Jan 9, 2002